

400785

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 5748
Registrar's No. 168
(c) Location 312 - 5th Ave
(St. & No. (or) Name of Institution)
In Arizona Yuma
(If outside city limits also write RURAL)
(e) Citizen of foreign country (Yes or No) no
If Yes, which country _____
(f) If veteran name war _____
(c) Social Security No. _____

1. Place of Death: (a) County Yuma (b) City or Town Yuma
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution none In Community 1-yr
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Oregon (b) County _____
(c) City or Town Engle
(If outside city limits also write RURAL)
(d) Street No. 110 Mayhew Ave.
3. (a) FULL NAME Rose Theythe Taylor

4. Sex Female 5. Race White ☒ Indian ☐ Negro ☐ ☐ Oriental
6. (a) Single, married, widowed or divorced widowed
(b) Name of husband or wife Edgar Alfred
6. (c) Age of husband or wife, if alive. _____ yrs.
7. Birthdate of deceased October 29 1874
(Month) (Day) (Year)
8. AGE: Years 73 Months 11 Days 26 If less than one day
hrs. _____ min. _____

9. Birthplace Buena Vista Oregon
(City, town or county) (State or Country)
10. Usual Occupation housewife
11. Industry or Business housewife
12. Name Charles Theythe
13. Birthplace Westphalia Germany
(City, town or county) (State or Country)
14. Maiden Name Christina Scheffer
15. Birthplace Westphalia Germany
(City, town or county) (State or Country)

16. (a) Informant's own signature Louise T. Olson
(b) Address 312 - 5th Ave Yuma Ariz
17. (a) Burial, Cremation, Removal Removal
(b) Place Engle Oregon (c) Date 10/27/48
18. (a) Embalmer's Signature J. J. Johnson
(b) Funeral Director The Johnson Mortuary
(c) Address Box 310 Yuma Arizona
19. (a) 10-26-48
(b) Mary A. Wapperman
(c) Therese L. Wapperman

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) October 25 1948
TIME (Hour and minute) 11:00 P. M.
21. I hereby certify that I attended the deceased from 25 Oct. 1948 to 25 Oct. 1948
that I last saw her alive on 25 Oct. 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease with atherosclerosis & thrombosis of mao.
Due to _____
Due to _____
Other conditions (Include pregnancy within three months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

DURATION
PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) (State)
injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature John F. Stanley M. D.
Address Yuma, Arizona Date signed 26 Oct. 48